

Residents share fears, views on training disruptions during COVID-19

APR 16, 2020

Brendan Murphy

News Writer

Resident physicians likely entered training with a plan on how things would go—when certain rotations would take place, when key exams would be taken, and, even, when they might get a little time off. The COVID-19 pandemic has thrown any plans out the window.

In two recent episodes of the “AMA COVID-19 Update” residents on the front lines spoke with AMA Chief Experience Office Todd Unger, offering their insight on how the virus is changing their routines and training. Some key themes emerged from those conversations.

Residents are scared

The virus is proving to be an unpredictable foe, and that is far from reassuring for physicians like Bryanne Standifer, MD, an AMA member and emergency medicine resident at Henry Ford Health System. Dr. Standifer is treating patients in the Detroit area, one of the regions most impacted by the virus.

“We go through these periods where we are very scared,” she said. “I’m working in the intensive care unit where we are treating only COVID patients right now. So, we go through phases where we are hopeful because we are able to get patients off ventilators and out of the ICU. Then you have those cases that you don’t exactly know what is going on. It’s kind of up and down.”

Residents are worried about their training

Grayson Armstrong, a member of the AMA Board of Trustees, is a chief resident in ophthalmology at Massachusetts Eye and Ear Infirmary. He said programs in the Boston area have banded together to pool lectures, giving residents time for didactic learning during the pandemic. Still with many residents

being pulled into other areas of service and elective surgeries on hold, those with upcoming residency graduation dates are concerned.

“Senior residents aren’t getting their surgical training ... they aren’t getting the numbers that would be required by the [Accreditation Council for Graduate Medical Education] to meet their case minimums, for licensure and eventual independent practice,” Dr. Armstrong said. “This is going to have a huge impact down the road, we need to be thinking ahead as to what to do to make sure that residents across the country are ready to manage these gaps in their educational experience when all is said and done.”

Residents are getting sick

Some health care workers have been exposed to the virus for weeks on end. For Omar Z Maniya, MD, an emergency medicine resident at Mount Sinai in New York, that proved to be too much for his immune system.

“I had rules placed upon me, for good reason,” he said. “I take all my stuff off outside and take a shower to try to minimize contamination. Even given all of that, four weeks ago, a couple weeks into the crisis, I got coronavirus. I was really sick for three days, quarantined for a week and about a week later despite all of our social and physical distancing techniques, my wife also got sick. Luckily, we are both fine and we recovered well. ... That just shows how contagious this disease is. You can wipe down all the surfaces, you can try to stay six feet apart, but that doesn’t guarantee you’re not going to get it.”

The concern about bringing the virus home is a major one for residents, who often have young families. Many physicians are going to great lengths to protect their families during the pandemic.

“I got a call that one of my residents who needed to go see a patient who was being ruled out for COVID was being asked to go in without proper PPE because they couldn’t find an N95 [mask],” Dr. Armstrong said. “I thought this was super inappropriate. She has a two-month-old child at home, and she was worried about bringing [the virus] home, if she got sick, and not being able to care for her family. People in our age group are often in a situation where we have young families and young children. We feel this fear of coming home and needing to take off all our equipment and bathing right away and feeling disconnected.”

Residents familiarize themselves with supplies

It was evident in Dr. Standifer’s comments that even the routine aspects of the job have changed

dramatically.

“The first thing I do now, which is different than before, is I immediately go to find standard PPE to wear just as I am circulating in the halls,” Dr. Standifer said. “Not even mentioning going into patients’ rooms. Finding a head gown, wearing a mask at all times, shoe covers. I now keep my phone in a biohazard bag and text through that instead of touching the surface of my phone. It’s very different than before.”

If your hospital has yet to see a surge in patients, you may still have time to gain some familiarization with the materials used to treat COVID-19 patients.

“I wish I had really familiarized myself with supplies” Dr. Maniya said. “It doesn’t sound that exciting. No one goes to residency to play Legos. But that’s what I’m doing all day. We are using seven or eight different [ventilators]. Each has different tubing; each has different masks ... you end up scrambling around looking for little connector pieces that fit in and googling user manuals. It would be much better to do that two weeks ago than today.”

Residents must advocate for themselves

Some residents may find themselves in compromising positions—with regards to safety and patient treatment options—but they do have a voice. Using it may require some assistance, Dr. Armstrong believes.

“We are a vulnerable population,” he said. “We have limited ability to voice our concerns and opinions because we rely on our hospitals and residency programs to employ us so we can eventually graduate and go into the specialty we chose. Instead of feeling powerless like we don’t have a say in what’s going on and the decisions that are being made, whether it’s related to [N95 masks] or ventilators, or schedules, I’d say that now more than ever it is important to advocate, make your voice heard and partner with groups like the AMA to make your needs heard.”

The AMA has developed a COVID-19 resource center as well as a physician’s guide to COVID-19 to give doctors a comprehensive place to find the latest resources and updates from the Centers for Disease Control and Prevention and the World Health Organization. The AMA has curated a selection of resources to assist residents and medical students during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events.